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*Responsible pet ownership through reliable veterinary care*

**Fish Consultation Summary**

**(The following information must be completed and submitted to Community Critter Care prior to scheduling a phone consultation. The fee for this consultation is \$65.00 chargeable the business day after the consultation.)**

Client Name:				Date:				
Address:								
City:				State:			Zip Code:	
Phone #:				Email:				
Patient Name:	Not Applicable			Patient Gender:	Male	Female	Unknown	
Patient Species:	Koi	Goldfish	Other	Patient Color:	Not applicable			

Origin of Specimen(s)

<b>What sort of habitat is this? (circle one in each column)</b>		
Fresh Water	Cold Water (pond)	Community Population
Brackish Water	Cold Water (aquarium)	Single Species Population
Salt Water	Tropical (aquarium)	Solitary Population (Individual)
<b>Origin of specimen(s)? (circle one)</b>		
Nursery	Mail Order/Online	Family/Friend
Wild Caught	Breeder	Acquaintance
Pet Store	Department Store	Other Source

Habitat Details

<b>Equipment and Facility Details</b>							
Dimensions and volume of Habitat:	Length (inches):				Total Gallons:		
	Depth (inches):				Width (inches):		
Equipment:	Filter system (Manufacturer and Model):	None					
	UV filter (Manufacturer and Model):	None					
	Heater (Manufacturer and Model):	None					
Other Items of Importance:	Live plants:	None					
	Sunlight (hrs per day):	None					
	Water changes performed (frequency and volume changed):	None					
Diet/Feeding:	Brand(s):	TetraPond	Wardley	Hikari	Other		
	Type(s):	Flakes	Floating	Sinking	Other		
	Frequency:	Twice daily		Thrice daily		Other	
	When last fed?						
	Miscellaneous food items?	Live food	Vegetables	Other			
Owner's experience with fish husbandry:	None	Beginner		Intermediate		Expert	

Water Properties

Clarity:	Cloudy/Murky		Clear		
Color:	Clear	Green	Brown	Other	
Odor:	None	slight	strong		

Temp(F):	Not performed		Varies
Hardness:	Not performed		Varies
pH:	Not performed		7.0 is ideal
Ammonia:	Not performed		Neg
Nitrite/Nitrate:	Not performed		Neg/Neg
Oxygen:	Not performed		80% minimum
Dissolved organic compounds:	Not performed		Less than 400
Specific Gravity/Salinity:	Not performed		Varies

Reason for consultation (concerns)

<b>Please describe in detail your concerns with your pond:</b>	
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Supporting documents

Please submit any photographs (.jpeg files), videos (not longer than 30 seconds) and any other information you think may be useful during the phone consultation with the veterinary doctor.
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Phone Consultation Disclaimer

All information contained in this record of communication between the above individual and Dr. Johnathan Magerkorth is based solely on the information the individual has furnished to the doctor. The information is biased without the benefit of the doctor visually and physically examining the animal(s) in question.
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